## **2006 LIMITED LIABILITY COMPANY**

Mailing Address 629 WEST JEFFERSON

BROOKSVILLE, FL 34601

## **ANNUAL REPORT**

**DOCUMENT # L04000005505** 

Principal Place of Business

629 WEST JEFFERSON BROOKSVILLE, FL 34601

GLOBAL SURVEYING OF BROOKSVILLE, L.L.C.



**FILED** Aug 23, 2006 8:00 am Secretary of State 08-23-2006 90010 017 \*\*\*\*50.00

04112006 No Chg-LL(C) DO NOT WRITE IN THIS SPACE

CR2E083 (11/05)

4. FEI Number 51-0494547 Applied For Not Applicable

5. Certificate of Status De sired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CROSS, ROBERT D 5004 ST. RD. 64 E BRADENTON, FL 34208 DO NOT WRITE IN THIS SPACE

| <ol> <li>The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the obligations of registered agent.</li> </ol> | a S' ,ate of Florida. I | am fam                                    |
|---|-------------------------|---|
| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)                                     | 11                      | N. S. |

Filing Fee is \$50.00 Due by May 1, 2006

| 9.                                    | MANAGING MEMBERS/MANAGERS   |             |
|---------------------------------------|---|-------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR<br>CROSS, ROBERT D<br>3315 7TH STREET CIRCLE WEST<br>PALMETTO, FL 34221 |             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V<br>YORK, DAVID<br>629 WEST JEFFERSON<br>BROOKSVILLE, FL 34601             |             |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP |   | DO NOT W    |
| NAME STREET ADDRESS CITY-S1-ZIP       |   | IN THIS SPA |
| THLE NAME STREET ADDRESS CITY-ST-ZIP  |   |             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | ]           |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further cert indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing men limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

| 2006 LIMITEI<br>ANN  | ATT/<br>D LIABILITY COMP<br>NUAL REPORT                        | ACHMENT<br>PANY                       |                                  |                         |
|--|--|---------------------------------------|----------------------------------|-------------------------|
| DOCUMENT # L0400  1. Entity Name GLOBAL SURVEYING OF B                     | •  |                                       | 260                              | 5328                    |
| Principal Place of Business<br>629 WEST JEFFERSON<br>BROOKSVILLE, FL 34601 | Mailing Address<br>629 WEST JEFFERSON<br>BROOKSVILLE, FL 34601 | · · · · · · · · · · · · · · · · · · · |                                  |                         |
|  |  |                                       |                                  |                         |
| DO NOT W   | RITE IN THIS SP  | WOE                                   | 04112006 No Chg-LLC              | CR2E083 (11/05          |
| DO NOT W   | KI IEAIN AI FIIO OF  | AUE                                   | 4. FEI Number 51-0494547         | A                       |
|  |  |                                       | 5. Certificate of Status Desired | S5.00 Ad<br>Fee Require |
| 6. Name and Address  | of Current Registered Agent                                    | Alexander of well to                  |                                  |                         |

CROSS, ROBERT D

SIGNATURE\_

SIGNATURE:

5004 ST. RD. 64 E BRADENTON, FL 34208

the obligations of registered agent.

CR2E083 (11/05)

| ١ | 4. FEI Number                    |        | Applied For    |
|---|----------------------------------|--------|----------------|
| ١ | 51-0494547                       |        | Not Applicable |
| ١ | 5. Certificate of Status Desired | \$5.00 | Additional     |

DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

|   | Signature, typics or printed name or registaries agent and tipe if applicable.  | (NOTE: Registered Agent signature required when reinstating)   | DATE ,  |
|---|---|--|---|
| Fi<br>D                                     | ling Fee is \$50.00<br>ue by May 1, 2006  |  |   |
| 9.  | MANAGING MEMBERS/MANAGERS   | A strike verker value vita er ett i striker.   |   |
| TITLE                                       | MGR   |  |   |
| NAME  | CROSS, ROBERT D   |  |   |
| STREET ADDRESS                              | 3315 7TH STREET CIRCLE WEST   |  |   |
| CITY-ST-ZIP                                 | PALMETTO, FL 34221  |  |   |
| TITLE                                       | V   |  |   |
| NAME  | YORK, DAVID   |  |   |
| STREET ADDRESS                              | 629 WEST JEFFERSON  |  |   |
| CITY-ST-ZIP                                 | BROOKSVILLE, FL 34601   |  |   |
| TITLE                                       |   |  |   |
| NAME  |   |  |   |
| STREET ADDRESS                              |   |  | NOT WRITE   |
| CITY-ST-ZIP                                 |   |  |   |
| TITLE                                       |   |  | THIS SPACE  |
| NAME  |   |  |   |
| STREET ADDRESS                              |   |  |   |
| CITY-ST-ZIP                                 |   |  |   |
| TITLE                                       |   |  |   |
| NAME  |   |  |   |
| STREET ADDRESS                              |   | 1000000000000000000000000000000000000  |   |
| CITY-ST-ZIP                                 |   |  |   |
| TITLE                                       | •   |  |   |
| NAME  |   |  |   |
| STREET ADORESS<br>CITY-ST-ZIP               |   |  | 프라이트 등 사람이 되는 것이다.  |
|   |   | Service Parkings - Service   | ·····································   |
| 11. I hereby of<br>indicated<br>limited lia | certify that the information supplied with this filing does not<br>on this report is true and accurate and that my signature st<br>billty company or the receiver or trustee empowered to exe | qualify for the exemptions contained in Chapter thall have the same legal effect as if made under cute this report as required by Chapter 608, Flori | <ol> <li>Florida Statutes, I further certify that the information<br/>oath; that I am a managing member or manager of the<br/>da Statutes.</li> </ol> |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept